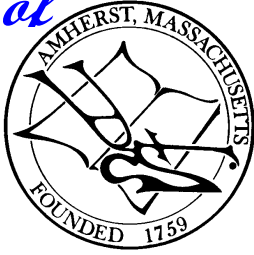


Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK,
AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX

APPLICATION FOR A WELL CONSTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst. **ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER, REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) AND ALL OTHER REQUIREMENTS OF THE AMHERST BOARD OF HEALTH REGULATIONS FOR PRIVATE WELLS.**

1. Address of Property: _____

2. Assessor of Parcel Number: _____

3. Name of Owner: _____ Telephone Number: _____

Address of Owner: _____

4. Name of Well Driller: _____ Reg. # _____
(Must be registered with Massachusetts Water Resources Commission)

5. Purpose of Well: *Drinking () Agricultural Only () Ground Source Heat Pump ()
\$100.00 \$50.00 \$50.00

The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.

The undersigned also understands that if a private well is to be used for drinking purposes, a **BUILDING PERMIT** affecting the structure the well is to serve **WILL NOT BE ISSUED UNTIL** A Water Supply Certificate has been granted by the Amherst Board of Health.

Name of Applicant: _____

Applicant Signature: _____ **Date:** _____

For Office Use Only	
<input type="checkbox"/> Permit Issued By: _____	<input type="checkbox"/> Permit Denied By: _____
PERMIT NUMBER: _____	REASON: _____
DATE ISSUED: _____	DATE DENIED: _____
Inspected By: _____	Fee Paid: Yes ____ No ____ Amount _____
Inspection Date: _____	Cash/Check # _____
	Date of Payment _____

MUNIS App. _____ Batch _____